

TAM:GMT:mel:2002V00410

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MANUEL RAMOS,	:	
	:	
Plaintiff	:	CIVIL NO. 1:CV-00-1957
v.	:	(Smyser, M.J.)
	:	
MARGARET HARDEN, DR. MIGLORI,	:	
DR. MAXIMO R. VELASCO, JR.,	:	
DR. ANTHONY BUSSANICH, and	:	
DR. PETER J. TERIHAAR,	:	
	:	FILED ELECTRONICALLY
Defendants	:	

EXHIBITS TO REPLY BRIEF IN SUPPORT OF THE FEDERAL DEFENDANTS'  
MOTION FOR SUMMARY JUDGMENT

THOMAS A. MARINO  
United States Attorney

s/ G. Michael Thiel  
G. MICHAEL THIEL  
Assistant U.S. Attorney  
Atty. I.D. No. PA 72926  
MICHELE E. LINCALIS  
Paralegal Specialist  
316 Federal Building  
240 West Third Street  
Williamsport, PA 17703  
Telephone: 570-348-2800  
Facsimile: 570-348-2830  
Email: mike.thiel@usdoj.gov

Date: September 5, 2003

EXHIBIT

1

BP-S149.060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CDFRM

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<b>TB Clearance</b>		Name: <u>RAMOS, Manuel</u>		Reg. No. <u>37563-053</u>	
PPD Completed: _____ Date _____		Departed From: <u>MCFP, Springfield, MO</u>		Date Departed: <u>6-21-00</u>	
Results: _____ mm		Destination: <u>TRF USP FLP VIA OKL BUS</u>		Reason for Transfer: <u>Treatment Completed</u>	
Interpreted as: <u>Positive</u> (Positive or Negative)		Name of Institution			
CXR Completed: <u>5-30-00</u> (Date)		Special Instructions: <u>Blood and Body Fluid Precautions - Assess for Chronic Care Clinic</u>			
Results: <u>Negative</u>		<u>Requires annual chest x-rays - DUE 5-01</u>			
Note: Date(s) listed above must be within one year of this transfer.					
		Diagnoses: <u>1. Carpal tunnel syndrome</u> <u>4. Positive PPD</u>			
		<u>2. _____</u> <u>5. _____</u>			
		<u>3. _____</u> <u>6. _____</u>			

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

## MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
None				

Signature of Certifying Medical Staff Member

Title

Date Signed

Thomas Hare, D.O.

Staff Physician

6-19-00

## PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
Federal Transfer Center Oklahoma City, OK Date <u>JUN 21 2000</u>			
Medication: _____ Yes <u>g</u> No		Food or Drug Allergies: <u>NKA; Allergies:</u>	
Hot Meds: _____ Yes <u>g</u> No		Current Medical Status: <u>No Complaints; Complaint of</u>	
Meds Issued: _____ Yes <u>g</u> No			
Lice Seen: _____ Yes <u>g</u> No			
Signature & Stamp Todd Genzer Clinical Nurse FTG, Oklahoma City, OK		TB Signs and Symptom (s): <u>NONE:</u> cough, hemoptysis, night sweats, wt. loss	

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994

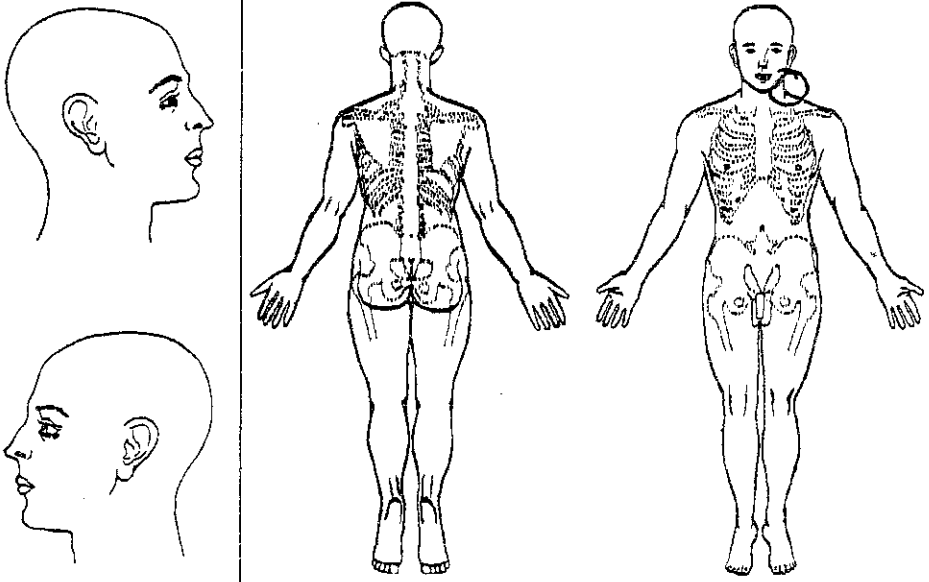
1. Institution <b>FCI ALM</b>		2. Name of Injured <b>RAMOS, MANUEL</b>		3. Register Number <b>37563-053</b>	
4. Injured's Duty Assignment <b>PLUMBING</b>		5. Housing Assignment <b>4B</b>		6. Date and Time of Injury <b>3-26-97 1035</b>	
7. Where Did Injury Happen (Be specific as to location) <b>4B</b>		Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Date and Time Reported for Treatment <b>3-26-97 1040</b>	
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <b>PT. WAS INVOLVED IN AN ALTERCATION WITH ANOTHER INMATE.</b>					
Signature of Patient _____					
10. Objective: (Observations or Findings from Examination) <b>ABRAISON TO LEFT SIDE OF NECK ABOUT 3" LONG AND 1" WIDE. NO OTHER INJURIES NOTED.</b>				X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results _____	
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <b>AS ABOVE.</b>					
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <b>NO TX NEEDED.</b>					
13. This Injury Required: <input checked="" type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain)  <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician <b>A. Manenkoff</b> Signature of Physician or Physician Assistant					

EXHIBIT  
2

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Goldenrod - Correctional Supervisor

USP LVN

Self Carboned Form - If ballpoint pen is used, PRESS HARD

NSN 7540-00-834-1178

3

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2/10/97

1030

Local examination: hotness and tenderness of the big toe of it feet.

(A) Arthralgia R/O joint

(P) - Indocin 25 mg PO tid for 2 day opened then 25mg tid for week. then red x 54

- Pt. educeal plenty fluid, no red meat

- Blood chem for urea and

- RTC PRN

upset milled PA  
upset milled

3-26-97

1050

BP-362 (INMATE INJURY REPORT)

COMPLETED ON THIS DATE.

R. Wardenhoff / AC

Date

Inmate Name

Ramos

B104

Register Number

37563-053

Time

S O/O about swelling in his Rt thumb for the last 15 days

O Localized tenderness on the proximal interphalangeal joint of Rt thumb, swelling of the joint all around

A Sprain in joint, bursitis

- Ibuprofen 600 mg tabs tid Po x 30

P - Kelex 250 mg q6d Po x 40

xray for joint

Provider: Y. milled PA

Y. milled

USP LVN

Federal Bureau of Prisons

Previous editions not usable

BP-355(60) January 1981

RELATIONSHIP TO SPONSOR F		STATUS	RANK/GRADE
SPONSOR'S NAME Ramos, Manuel		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. 37563-053	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

FCI - ALLENWOOD  
PO Box 2500  
White Deer PA. 17887



INTAKE SCREENING (CONTINUED)

PRESENT SUICIDAL IDEATIONS (IF YES - REQUIRE IMMEDIATE EVALUATION/DOCUMENTATION): ☒

IS THERE EVIDENCE OF LICE (IF YES - INMATE MUST BE ISOLATED AND PROPERLY TREATED): ☒

DUTY/HOUSING RESTRICTIONS: ☒

SIGNATURE/BLOCK STAMP:

A. BETANCES, PA  
USP ALLENWOOD

RETURN THIS FORM WITH ALL MEDICAL RECORDS INTO THE MEDICAL RECORD DEPARTMENT. THESE FORMS AND MEDICAL RECORDS WILL BE REVIEWED WITHIN ONE WORKING DAY AFTER ARRIVAL.

REVIEWED BY MEDICAL RECORD DEPARTMENT ON:

5-23-97

REVIEWED BY:

K McCoy

REVIEWED BY AHSA/HSA/CLINICAL DIRECTOR ON:

5/23/97

RECOMMENDATIONS:

To be placed on Infectious Disease + HTN Clinics

ANY DISABILITY ASSIGNMENTS (SPEECH IMPAIRMENT/HEARING IMPAIRMENT/VISION IMPAIRMENT/MISSING EXTREMITY/NONPARALYTIC ORTHOPAEDIC IMPAIRMENT/PARTIAL PARALYSIS/COMPLETE PARALYSIS/OTHER PHYSICAL IMPAIRMENT/DISFIGUREMENT): ☒

REVIEWED BY:

Roberto Martinez

Roberto Martinez, AHSA, PA  
USP Allenwood

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
INTAKE SCREENING REPORT			
5/21/97 1540	DATE/TIME:		
	IP-149 "MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT" REVIEWED (IF D, WHY NOT):		
	IP-360 "MEDICAL HISTORY" REVIEWED (DOCUMENT ON BP-360 THAT YOU REVIEWED):		
MEDICAL DIAGNOSIS:		CHRONIC CARE CLINIC: (CIRCLE YES / NO)	
(1)	Hypertension		
(2)	PPD (+) treated		
(3)			
(4)			
(5)			
LIST DOCUMENTED PPD TEST (DOCUMENT DATE, POSITIVE OR NEGATIVE, IF POSITIVE, IS THERE EVIDENCE OF TREATMENT; IF NO PRIOR PPD - PPD MUST BE PROVIDED WITHIN TWO WORKING DAYS):			
	9/5/97 15mm (+) treated		
MEDICATIONS:			
(1)	Gentamicin 600mg bid (IM) 10/10/96		
(2)	to take meds		
(3)			
(4)			
(5)			
ALLERGIES: NKA			
PATIENT'S IDENTIFICATION (Use this space for Mechanical Department)			
RECORDS MAINTAINED AT:		USP ALLENWOOD, WHITE DEER, PA 17887	
PATIENT'S NAME (Last, First, Middle initial)		SEX	
Ramos, Manuel		M	
RELATIONSHIP TO SPONSOR		STATUS	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE		SSN/IDENTIFICATION NO.	
		77563-057	
		DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505



6/6/97

(Continued)

Extremities : good peripheral pulses

A) ① PPD (+)

② Hyperlipidemia

p) ① SMAC 24

② I/M does not want to take medication for Hyperlipidemia because of previous experience - abdominal pain during those medications.

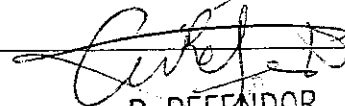
Instead he wants to control it with diet.

③ RTC in 3 months

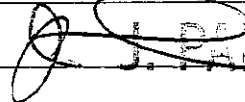
S. K. Lee

SUNG K. LEE, M.D.  
USP ALLENWOOD6/22/97  
1230 hrs.

BP 362 completed &amp; filed at Section V/1

R. REFENDOR  
Physician Assistant6/23/97  
0950

PT. DECLINES TO SEE

ME 2<sup>o</sup> PATSONGA LANGUAGE  
BARRIER J. PANNELL, PA6/29/97  
1000

S/pt returns for follow-up, after slipping while getting down from his top bunk.

O/RR 12/min Pulse 76/min

① hand - minimal swelling and ecchymosis, ROM is full, able to flex &amp; extend, Pulses (+) good capillary filling. X-Ray - &amp; apparent fx. old injury on the 5th RIP seen.

Cont →



## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/2/97 1000	S. pt c/o pain on his ① toe, he of gout. o/ BP 120/80 RR 12/min Pulse 68/min HEENT - WNL heart - Regular S. - 2 & murmur Lungs - Clear Abdomen - Unremarkable feet - Tenderness on the big toes especially ① mild redness. A. Possible Gout!
0050192	P/O Indocin 25mg #30 + PO tid Refill ② If not better x 2 days Rtn for Uric Acid test / and possible change of med (Colloidal) A. Betances P.D. A. BETANCES, PA USP ALLENWOOD
6/6/97 10:50	PPD Clinic S) No complaints. o) wt. 143 lbs Bp 120/80. P 84/m R 15/m T. 96.8 F SaO2 : 96 % in room air HEENT : unremarkable Neck : Supple. no lymphadenopathy Heart : Regular rhythm. no (m) Lungs : clear to auscultation abdomen : soft. not distended (OVER)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

DEPART./SERVICE / SSN/IDENTIFICATION NO.

USP Allenwood PA

SEX

RANK/GRADE

ORGANIZATION

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-34)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

9/4/97

## PULMONARY CLINIC

PPD Clinic

10:30

- S) Rt. Knee pain x 1 day
- O) Wt. 141 lbs. Bp 120/80 P 85/m R 16/m
- T. 97.5 F SaO<sub>2</sub>: 98% in room air
- HEENT: sclera - not icteric
- Neck: Supple, no rigidity
- Lungs: clear to auscultation
- Heart: regular rhythm, no (m)
- abdomen: soft, not distended
- Extremities: no edema both ankles.

Rt. Knee - full ROM, good M.S

no swelling: no warmth

mild tenderness on medial collateral ligament area

A) ① PPD (+)

② Hypercholesterolemia: cholesterol (6/23/97): 304

③ Rt. Knee sprain

0054972

P) ① motrin 800mg 1 tab. p.o. TID prn #40

0054973

② Lescol 40mg 1 cap. p.o. HS x 3 months

③ Lipid profile

④ RTC in 3 months

⑤ Dietitian clinic

⑥ CXR.

S. K. Lee

SUNG K. LEE, M.D.  
USP ALLENWOOD

9/4/97 Rpt. inj. shot #1 Rthd &amp; R/L

9-12-97

S. Pt complain Motrin upset stomach

0841

P. NAD, A+Ox3, ambulatory

JTH


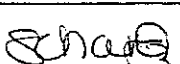
A. Slp @ knee sprain

0055320


P. Julenol 325 mg - uad #1 bottle - RTIS, prn

DIANE SCHANTZ, PA-C

USP ALLENWOOD

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)	
Cont	A. Contusion @ hand		
6/23/97	P. @ Indocin 25mg #30 + Po tid prn Refill 1		
0051657		A. Defang	
4/23/97	R. wrist shot #1 (NSAID) Y. K. R. R. R.	A. BETANCES Physician Assistant	
8-1-97	S. Pt clo pain @ thumb after 3-26-97 altercation		
1100	D. @ thumb: @ deformity, @ tenderness, - limited exam due to lang. barrier		
	A. @ thumb pain		
	P. offered pain meds but refuses them		
	• X-ray thumb		
	• referral to ortho		
		 DIANE SCHANTZ, PA-C USP ALLENWOOD	
8-25-97	Adm note: See BP 362 - nothing found		
1715		 DIANE SCHANTZ, PA-C USP ALLENWOOD	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: 			
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
Ramos Manuel			
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	39563-059		

NSN 7540-00-334-4173

600-108

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9-12-97 1400 SHU	Adm note: Pt dismissed by Dr. Mitchell. Pt claims his meds make him sick. Pt was changed from moten to Upinol but flushed all of his meds down the toilet (as per psych). Pt will be checked in over the weekend.

*[Signature]*  
DIANE SCHANTZ, PA-C  
USP ALLENWOOD

9-16-97 0700 SHU	Adm note: Pt does not want any medication because he claims all of it makes him dizzy and nauseous.
------------------------	---

*[Signature]*  
DIANE SCHANTZ, PA-C  
USP ALLENWOOD

9/23/97 1300 hrs.	Pt refused to be seen by Psychiatrist on Telemedicine
----------------------	---

*[Signature]*  
SUNG K. LEE, M.D.  
USP ALLENWOOD

*[Signature]*  
R. REFENDOR  
Physician Assistant

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: USP Allenwood	
PATIENT'S NAME (Last, First, Middle Initial) Ramon Manuel	SEX
RELATIONSHIP TO SPONSOR	STATUS
SPONSOR'S NAME	RANK/GRADE
DEPART./SERVICE	ORGANIZATION
SSN/IDENTIFICATION NO. 37563-053	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 300 (REV. 5-34)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

BP-S149.060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CDFRM

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<b>TB Clearance</b> PPD Completed: <u>4-95</u> Date Results: _____ mm Interpreted as: <u>DCS</u> (Positive or Negative) CXR Completed: <u>11-7-97</u> (Date) Results: <u>Normal</u> Note: Date(s) listed above must be within one year of this transfer.		Name: <u>Ramos, Manuel</u> Reg. No. <u>37563-053</u> Departed From: <u>ALP</u> Date Departed: <u>11-7-97</u> Destination: <u>LEW</u> Reason for Transfer: <u>non-med</u> Name of Institution Special Instructions: <u>Blood and Body Fluid Precautions</u> <u>NKDA</u>	
Diagnoses: <u>1. H/O @PPD - +ve</u> <u>2. Hypercholesterolemia</u> <u>3. _____</u> <u>4. _____</u> <u>5. _____</u> <u>6. _____</u>			

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

## MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
Fluvastatin/lescol 0057845	40mg	oral	take 1 capsule every day with dinner	12-3-97

Signature of Certifying Medical Staff Member

Title

Date Signed

D. Schantz  
R. SAERDA, RPH  
USP ALLENWOOD

PA-C

11-7-97

## PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
11-12-97			
14:10	Admin note:		MEDICAL RECORD RECEIVED AND REVIEWED
11-13-97	Received from <u>ALP</u> Medical Records Reviewed <u>✓</u> Chronic Care Clinic <u>✓</u> Yes <u>—</u> No Continuation of Meds <u>✓</u> Yes <u>—</u> No <u>Per: Medicine cl. ✓</u> <u>W. Velasco</u> Maximo Velasco M.D. Medical Officer		
11/24/97	administration note - patient was offered Flu shot, 1440 vaccine He agreed. No allergy to eggs. 8-3 T-92.6°F. pt received 0.5cc Im Flu shot. He was in good physical condition. <u>V. Factor MD</u> Vicentur R. Factor Physician Assistant		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Ramos, Manuel  
37563-053

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
12-4-97	CHRONIC CARE SPECIALTY CLINIC <i>Per. Medication C.</i>		
1235	SUBJECTIVE:		
	a. Chief Complaint: <i>light thro. pain. Hx. of crying at the afternoon.</i>		
	Review of Current Therapeutic Regimen		
	1. Compliance With Therapeutic Regimen: <i>yes</i>		
	2. Medication Side Effects: <i>none</i>		
	3. Previously Ordered Diagnostic Studies: <i>6-28-97 Echocardiogram</i>		
	OBJECTIVE:		
	Temp: <i>96.9</i> Pulse: <i>80</i> Resp: <i>16</i> BP: <i>131/79</i> WT: <i>181</i>		
	<i>HEENT: essentially asymptomatic</i>		
	<i>neck supple</i>		
	<i>Heart - by ECG</i>		
	<i>Echocardiogram normal</i>		
	<i>No neurological deficit at this time.</i>		
	<i>Ability lost in bathroom line of sight through.</i>		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

U.S. Penitentiary Lewisburg, P.O. Box 1000, Lewisburg, PA

PATIENT'S NAME (Last, First, Middle Initial)

*RAMOS MANUEL*

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE  
Health Services

SSN/IDENTIFICATION NO.

*37563-053*

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12-10-97	ASSESSMENT	
Cont.	a. Diagnoses: <i>Hypertension</i>	
	b. Therapeutic Efficacy: <i>yes</i>	
	c. Disease Progression: <i>no</i>	
	d. Interest In/Capacity To Engage in HEPD Life Style Changes: <i>yes</i>	
	PLAN	
	a. Patient Education: <input checked="" type="checkbox"/> Etiology, Complications, Prognosis of Condition	
	<input checked="" type="checkbox"/> Patient Responsibilities <input checked="" type="checkbox"/> Weight Loss	
	<input checked="" type="checkbox"/> Attaining Ideal Body Weight <input checked="" type="checkbox"/> Low Salt, Low Fat, High Fiber Diet	
	<input checked="" type="checkbox"/> Dietary Impact on Condition <input checked="" type="checkbox"/> Potential Food-Drug Interactions	
	<input checked="" type="checkbox"/> Medication Mechanism of Action <input checked="" type="checkbox"/> Potential Medication Side Effects	
	<input type="checkbox"/> Medication Alternatives <input type="checkbox"/> Monitoring For Medication Side Effects	
	<input checked="" type="checkbox"/> Medication Dosage/Administration <input checked="" type="checkbox"/> Monitoring For Medication Efficacy	
	<input type="checkbox"/> Stress Management Techniques <input type="checkbox"/> Involvement In Service Groups	
	<input type="checkbox"/> Involvement In Recreation <input checked="" type="checkbox"/> Discontinuation of Tobacco Use	
	<input type="checkbox"/> Stretching Warm Up/Cool Down <input type="checkbox"/> Muscle Strengthening Work Outs	
	<input type="checkbox"/> Aerobics/Target Heart Rate <input type="checkbox"/> Sports Injury Rehabilitation	
	<input type="checkbox"/> Increase Flexibility <input type="checkbox"/> Increase Strength	
	b. Diagnostic Studies/Consultations: <input type="checkbox"/> PPD <input type="checkbox"/> CXR <input type="checkbox"/> Spirometry <input type="checkbox"/> EKG <input checked="" type="checkbox"/> Lipids	
	<input type="checkbox"/> SMA-24 <input type="checkbox"/> CBC <input type="checkbox"/> UA <input type="checkbox"/> PSA <input type="checkbox"/> Liver Function <input type="checkbox"/> Therapeutic Drug Level	
	<input type="checkbox"/> Ophthalmology Consult <input type="checkbox"/> Dietician Consult <input type="checkbox"/> Other:	
	c. Return to Clinic: <i>3-4-98</i>	
	d. Medications:	
	<i>X-ray right hand</i>	
	<i>Fluorostat 20 mg 1 cap qd X30 days up to 2</i>	
	<i>Maximo R. Velasco Jr., M.D.</i>	
	Maximo R. Velasco Jr., M.D. Medical Officer	



## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
12/11/97 1600	<p><b>NOTICE!</b></p> <p>The medication ordered on 12/4/97 Fluveston 2g was not picked-up by 12/10/97. Returned to stock therefore it was discontinued.</p> <p><i>[Signature]</i> J. Imholte, R.P. will not DC &amp; will Rebill is requested</p>	
1-22-98 1444	<p><del>Admin note: Seen by Telma Pichon</del></p> <p><i>[Signature]</i> <i>[Signature]</i></p> <p>Maximo R. Velasco Jr., M.D. Medical Officer</p> <p>William Bogler, PA-C</p> <p>Wrong chart</p> <p><i>[Signature]</i></p> <p>PHYSICIAN ASSISTANT</p>	
02-09-98 1340	<p>S. (R) thumb pain x 8 months duration</p> <p>HPI:- claimed to have injured his (R) thumb during an altercation back in June of 1996</p> <p>PMH:- noncontributory.</p> <p>O. Deformed (R) thumb which is tender on palpation</p> <p>A. avulsion fracture at distal metatarsal carpal bone (x-ray)</p> <p>P. Orthopedic consultation</p> <p><i>[Signature]</i> <i>[Signature]</i></p> <p>Maximo R. Velasco Jr., M.D. Medical Officer</p> <p>Platin Hilletwork Physician Assistant</p>	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)

RECORDS  
MAINTAINED  
AT: 

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

JEN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and ICMR

FIRMA (41 CFR) 201-45.505



IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

MANUEL RAMOS ,  
Plaintiff

VS.

MARGARET HARDEN, Warden,  
et al.,  
Defendants

WITNESS: Manuel Ramos

DATE: June 11, 2003, 11:00 a.m.

REPORTER: Jill M. Fry

LOCATION: Lewisburg Penitentiary  
Visiting Room  
Lewisburg, PA

COUNSEL: G. Michael Thiel, Esquire  
Assistant U.S. Attorney  
and  
Michele Lincalis, Paralegal  
For: United States of America

Patrick T. O'Connell, Esquire  
For: Defendant Peter Terhaar

Andrew J. Ostrowski, Esquire  
For - Plaintiff

Jill M. Fry  
R.D. 1  
Box 338  
Sunbury, PA 17801  
(570) 988-4650

COPY

JILL M. FRY - FREELANCE REPORTER

1 don't teach them anything then. When we don't know, when  
2 someone doesn't know anything like me, then I get isolated,  
3 they get isolated.

4 Q Has he worked or had any jobs within the prison  
5 system itself from 1992 until the present time?

6 A Yeah, he only that he cleans the microwave.

7 Q Anything else?

8 A No. He has always done that. No. They don't pay  
9 anything, why am I going to work, no. Five dollars a month,  
10 I am not going to work for that.

11 Q So he doesn't work now?

12 A I been in the hole since January so, no, can't  
13 work. They been having me in the hole for 24 hours a day.  
14 He doesn't have any access to any legal papers or he doesn't  
15 have any kind of legal papers. Withholding me or kidnapping  
16 me within the Bureau so that I cannot have a defense or get  
17 a defense.

18 Q Okay. I would like to talk to you a little bit  
19 now about the altercation of March 26 of 1997?

20 A Yes. Ask the question.

21 Q It is my understanding that you had a fight with  
22 another prisoner?

23 A Yes, that's right, that's how it was.

24 Q Who was the other prisoner?

25 A Terry Garsien, he is a member of the Italian

1 Mafia.

2 Q And how did this fight between you and Terry  
3 start?

4 A They are responsible, and they are in charge of  
5 the unit that he was in. They are in charge, the case  
6 manager, the jury manager, the counselor and the guard. So  
7 whatever they say, that is what is done. So he had his bed,  
8 the bottom floor, the one on the bottom. So they forced me  
9 to give my lower bunk bed to him. I was 54 years old and he  
10 needed the lower bed. But they don't accept that, so I had  
11 to give it to him. So all night he was passing gas. He was  
12 bolder than I was, but he was very tall, and very big. One  
13 day I was told that I have to get out of my room. I be  
14 there for already 12 months. He says that why, that he was  
15 asking why would they put him in that place where he was,  
16 because by the rules was that if the person who was living  
17 in that, he calls it room, it is their against, he doesn't  
18 like him, or he is against what he wanted, then they should  
19 not put him in that room, according to him. So but they are  
20 in charge of all, everything that is going on within the  
21 prison, and even the traffic of drugs, and everything, so  
22 they had the last word. Everybody do, everybody does what,  
23 everybody do what they say, and the prisoners, and guards,  
24 and everything, and everybody.

25 So I came and he was just sitting there, and I

1 just sent him a blow. He, you know, hit him here, his  
2 cheek. So he stood up and he had me held to my throat, then  
3 the guard came and grabbed him and throw him to the floor.  
4 And then the guard pulled his arm back through his thumb  
5 finger, in a way that he completely broke his finger. And  
6 then to the hole both of us.

7 Then I was charged assault. He says that he  
8 had his neck all bruised, but he was asked for the picture  
9 to pose in a matter not showing it so that he could hide  
10 what he had in his throat. And since then they started the  
11 hospital to arrange the, to hide things.

12 In the hospital there are two doctors that are  
13 involved in the trafficking of drugs within the prison. And  
14 so he was charged with assault and he was found guilty of  
15 that charge, and he had 30 days. And the one guy was just,  
16 you know, released. And because I knew all about the  
17 trafficking inside the prison and everything, because I knew  
18 and I had investigated everything, and I knew what was going  
19 on, even the Catholic church is involved in that, the  
20 psychologist, several lieutenants, all of the education, all  
21 of the hospital.

22 Q I want to stop him now for a second. I want to  
23 summarize what I think, or what I understand your story to  
24 be concerning the March 26th, 1997 altercation. My  
25 understanding, tell me if I am wrong, is that a member of



1 the Italian Mafia, another inmate, wanted to take your  
2 bottom bunk?

3 A No, he didn't take it, his cell was, the police  
4 gave it to him. He didn't take it, it was given to him.  
5 And they were forcing him to move to another room, but he  
6 didn't want.

7 Q So one day this member of the Italian Mafia, Mr.  
8 Garsien, and you approached him and punched him in the eye?

9 A Yes, over here (indicating).

10 Q And then he grabbed you by the neck?

11 A He was really big, really big.

12 Q Did he grab you by the neck after you punched him?

13 A Yes, yes. Yeah, he was bleeding from his.

14 Q And while you were being held --

15 A Yeah, he just said that, yeah, that at that point  
16 the guard, he was, you know, motioned that he was strangling  
17 him, and then that the guard came and took him.

18 Q While you were being choked by Terry, that's the  
19 point in which the guard came and separated you and Terry?

20 A Yeah, I was pulled by here and thrown there. Very  
21 tall and big guard.

22 Q The guard pulled you from the back and put you on  
23 the floor?

24 A He put him on the floor like this, and when he  
25 pulled my arm toward the back, is when he broke my thumb. I

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

MANUEL RAMOS,	:	
Plaintiff	:	
	:	
v.	:	Civil No. 1:CV-00-1957
	:	(Smyser, J.)
MARGARET HARDEN, Warden,	:	
et al.,	:	
Defendants	:	ELECTRONICALLY FILED

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion to be competent to serve papers.

That on September 5, 2003, she served a copy of the attached

EXHIBITS TO REPLY BRIEF IN SUPPORT OF THE FEDERAL DEFENDANTS'  
MOTION FOR SUMMARY JUDGMENT

via electronic means by sending a copy to the electronic mail address stated below:

Addressee:

Andrew J. Ostrowski, Esquire  
BAILEY, STRETTON & OSTROWSKI  
4311 North Sixth Street  
Harrisburg, PA 17110  
[ajostrows@msn.com](mailto:ajostrows@msn.com)

Patrick T. O'Connell, Esquire  
SABA, ENDLER & ASSOCIATES, L.L.P.  
106 West Front Street  
Berwick, PA 18603  
[poconnell@sabalaw.com](mailto:poconnell@sabalaw.com)

s/ Michele E. Lincalis  
MICHELE E. LINCALIS  
Paralegal Specialist